

MULTIPLE-DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number 181554,072	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
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Total Indep	2						
Total Depend	18						
Total Claims	20						

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